Special Focus ~ Expedited Partner Therapy

Expedited partner therapy (EPT) is the practice of treating partners of infected persons without an intervening clinical assessment. In May of 2005, CDC issued a Dear Colleague letter stating that CDC has concluded that EPT is a useful option to facilitate partner management of persons with gonorrhea or chlamydial infection. A comprehensive review of the theory and practice supporting EPT can be found at www.cdc.gov/std/treatment/ EPTFinalReport2006.pdf.

The Washington State Department of Health is collaborating with the University of Washington and the National Institute of Health to conduct a community-level randomized trial of EPT as an available treatment option for selected patients. Clinicians and providers can expect to hear more about this exciting project in the near future.

On the Horizon ~ A Vaccine for Human Papillomavirus (HPV) Infection

Human papillomavirus is the name of a group of viruses that includes more than 100 different strains or types. More than 30 of these viruses are sexually transmitted, and they can infect the genital area of men and women. Certain strains of HPV are known to cause genital warts and some 'high risk' strains are implicated as a potential cause of cervical cancers in women.

Two experimental vaccines, one against four 'high risk' strains of HPV and another against two of the highest risk strains have been tested and both show great efficacy in preventing infection with these viral strains and in potentially preventing cervical cancer, precancerous lesions or genital warts. These vaccines are expected to become available to patients worldwide in 2007. The Washington State Department of Health has convened an internal workgroup to prepare for opportunities provided by these new vaccines. For more information contact Katherine Gudgel, Infertility Prevention Project Coordinator at 253.395.6734.

Resources

Additional information about sexually transmitted diseases, STD treatment guidelines, Washington State Dept. of Health reporting requirements, ways to prevent the spread of STDs and general information about reproductive health issues are available from:

The U.S. Centers for Disease Control & Prevention:

www.cdc.gov/std/

STD/TB Services Section, Washington State Department of Health:

www.doh.wa.gov/chf/STD

Family Planning & Reproductive Health, Washington State Dept. of Health:

www.doh.wa.gov/cfh/FPRH

Henry J. Kaiser Family Foundation:

www.kff.org/index.cfm





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Table 1 - Reported STD Cases by Disease, Washington State, 2004 - 2005

Disease	2004 Cases	2005 Cases	Change
Chlamydia	17,635	18,617	Î
Gonorrhea	2,810	3,738	Π
P & S Syphilis	150	158	Π
Congenital Syphilis	0	0	\Leftrightarrow
Herpes, Initial Infection	2,152	2,329	1
Neonatal Herpes	1	2	1
LGV	0	3	1
Chancroid/GI	0	0	\Leftrightarrow
Total Dominital La OTD	00.740	04.047	Λ.

Total Reportable STDs 24.847

Chlamydia

Chlamydia trachomatis (CT) continues to be the most commonly reported STD nationally. Estimates indicate approximately 3 million new cases occur each year (Kaiser Family Foundation, 1998), and that only a fraction, 929,462 were reported to CDC in 2004 (CDC, 2005). The number of chlamydia cases and the calculated incidence rate among persons in Washington State for 1995 to 2005 is presented in Figure 1. Following significant decreases in reported cases and case rates through 1996, reported chlamydia cases have increased. Washington State's overall incidence rate is 297.6 per 100,000 for 2005, which compares favorably to the national incidence rate of 319 per 100,000 reported for 2004 (ibid).

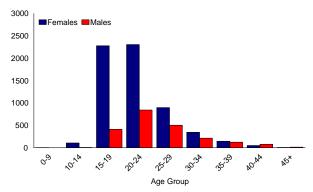


Figure 2 - Chlamydia Rates by Gender and Age Group **Washington State 2005**

exually transmitted diseases (STDs) are the most commonly reported of all communicable diseases in Washington State; STDs comprised more than 75% of all notifiable conditions reported to the Department

of Health in 2005.

STD/TB Services Section

Infectious Disease & Reproductive Health

Community & Family Health

Healthcare providers and laboratories are reminded to report cases of chlamydia, gonorrhea, syphilis, herpes, chancroid, granuloma inquinale and LGV to the local health district or department. Confirmed cases are sent to the Washington State Department of Health's STD/ TB Services Section. Table 1 shows total cases of disease reported in 2004 and 2005.

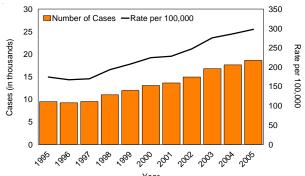


Figure 1 - Chlamydia Cases and Rates, Washington State 1995 - 2005

Age-specific incidence rates by gender for chlamydia cases reported in Washington State in 2005 are presented in Figure 2. Younger women continue to have disproportionately higher incidence rates than other age groups or for males.

- Age-specific rates peak among 20 -24 year olds for both females and males
- 70.1% of all cases reported in 2005 are among 15-24 year-olds, 87% of all cases in those 29 and younger

Gonorrhea

Infections due to *Neisseria gonorrhoeae* (GC) continue to be a major cause of morbidity in the United States. Consequences of gonorrhea infection may include pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

The national gonorrhea Incidence has declined to a rate of 113.5 per 100,000 nationally in 2004, falling over 75% since 1975. In Washington State, gonorrhea incidence also declined through the late 1990s to a low of 34.3 per 100,000 in 1998.

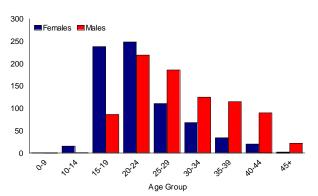


Figure 4 - Gonorrhea Rates by Gender and Age Group, Washington State 2005

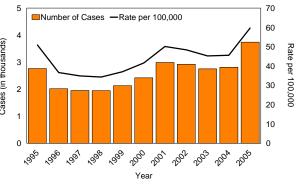


Figure 3 - Gonorrhea Cases and Rates, Washington State 1995 - 2005

Since that time however, the gonorrhea rate has been intermittently increasing. In 2005, gonorrhea incidence in Washingotn reached a 12-year high of 59.7 per 100,000 (Figure 3).

- GC incidence peaks for males in the 20 24 age group at 218.9 per 100,000
- Highest incidence for females is in the
 20 24 age group at 248.2 per 100,000

The age distribution of gonorrhea differs between genders and age groups as seen in Figure 4. Statewide, the greatest incidence of disease among females, 66.0% of total female morbidity in 2005 is among 15-24 year olds, while for males the greatest burden of disease continues to be distributed more evenly among those 25 years of age and older. Males had a higher gonorrhea incidence rate (67.9 per 100,000) than females in 2005 (51.7 per 100,000). A major factor contributing to the different distribution of gonorrhea incidence among men and women is an ongoing outbreak among men who have sex with men (MSM). However, increasing rates of gonorrhea infection have been noted in all groups and populations in Washington State in the previous two years.

Chlamydia & Gonorrhea by County

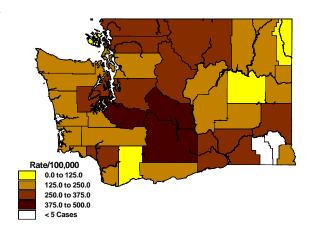


Figure 5 - Chlamydia Incidence Rates by County, Washington State 2005

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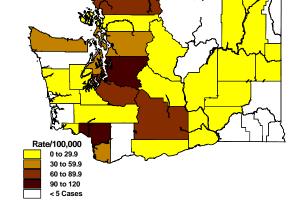


Figure 6 - Gonorrhea Incidence Rates by County, Washington State 2005

WHealth

Syphilis

Syphilis is caused by infection with *Treponema pallidum*, a spiral-shaped, slender and highly mobile spirochete bacteria. Syphilis and has four distinct stages, primary, secondary, early latent and late latent. All four stages of syphilis were reported in 2005.

- Incidence rate for P & S Syphilis in 2005 is unchanged from 2004 at 2.4 per 100,000
- Syphilis among MSM in King County accounts for most cases reported in 2005

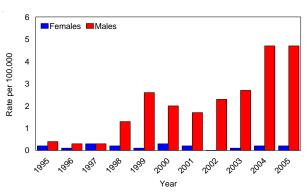


Figure 7 - Primary & Secondary Syphilis Rates by Gender and Age Group, Washington State 1995 - 2005

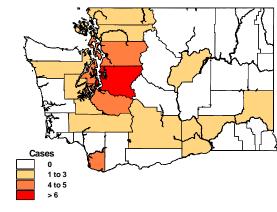


Figure 8 - Early Syphilis Cases Reported by County, Washington State 2005

Of 152 primary and secondary syphilis cases reported in 2005, 119 (78%) were reported from King County (See Figure 8). This pattern has been observed since 1997 in contrast to previous outbreaks where a greater proportion of cases were reported from counties other than King County.

There continues to be a large disparity between male and female rates (Figure 7), which demonstrates that the ongoing syphilis outbreak in King County is driven primarily by MSM. No cases of congenital syphilis were reported in 2005 in Washington State.

Genital Herpes and Other STDs

Washington State is one of a handful of states that require reporting of initial infection of genital herpes and this reporting requirement was made permanent by the State Board of Health in 2005. Only the initial infection is tracked in the state surveillance system. In 2005, 2,329 cases of genital herpes initial infection were reported (37.2 per 100,000 persons).

Chancroid, LGV, and GI are very rare STDs. A total of only 30 cases of chancroid were reported nationwide in 2004. No cases of chancroid or GI were reported in Washington State in 2004. Three cases of LGV were identified in Washington State in 2005.

Special Focus ~ Neonatal Herpes infection

Two cases of neonatal herpes infection were reported in Washington State in 2005, though the true incidence of this serious condition is considered to be much higher. Untreated, HSV infection results in death for up to 85% of infected infants. Even when agressively treated, up to two thirds of those infected at birth may experience profound, lasting neurologic sequelae.

Providers of delivery services and infection control officers at birthing facilities in Washington State are remined that neonatal herpes infection is a legally Notifiable Condition in Washington State and should be reported within three work days to local public health authorities.



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